

Commonwealth of Pennsylvania - Campaign Finance Report

Page 1 of 14

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist		Friends of Lisa Ferrick			
Street Address		3030 Clark Road			
City	State	Zip Code			
Erre	PA	16510			

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)		Year	Amendment Report		Termination Report			
11/07/2017		2017	<input type="checkbox"/>		<input checked="" type="checkbox"/>			

Summary of Receipts and Expenditures	From Date	To Date	For Office Use Only
	11/28/2017	12/31/2017	
A. Amount Brought Forward From Last Report	\$	- 0 -	<p>2018 JAN 30 PM 1:00</p> <p>KA</p>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	17,074.14 (loan forgiveness - no actual money)	
C. Total Funds Available (Sum of Lines A and B)	\$	- 0 -	
D. Total Expenditures (From Schedule II)	\$	- 0 -	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	- 0 -	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	- 0 -	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	- 0 -	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

30 day of January 2018
Michelle Gonda
Signature

Lynne A Mowris
Signature of Person Submitting report
Lynne A Mowris
Printed Name

My Commission expires 5 26 19
COMMONWEALTH OF PENNSYLVANIA YR.

814 8231591
Area Code Daytime Telephone Number

NOTARIAL SEAL
MICHELLE GONDA
Notary Public
HARBORCREEK TWP, ERIE COUNTY
My Commission Expires May 26, 2019

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

My Commission Expires May 26, 2019

Sworn to and subscribed before me this

30 day of January 2018
Michelle Gonda
Signature

Lisa R. Ferrick
Signature of Candidate
Lisa R. Ferrick
Printed Name

My Commission expires 5 26 19
MO. DAY YR.
COMMONWEALTH OF PENNSYLVANIA

814 873-8051
Area Code Daytime Telephone Number

NOTARIAL SEAL
MICHELLE GONDA
Notary Public
HARBORCREEK TWP, ERIE COUNTY
My Commission Expires May 26, 2019

SCHEDULE I
Contributions and Receipts
 Detailed Summary Page

Filer Identification Number			
1. Unitemized Contributions and Receipts—\$50.00 or Less per Contributor			
Total for the reporting period	(1)	\$	— 0 —
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)			
Contributions Received from Political Committees (Part A)		\$	— 0 —
All Other Contributions (Part B)		\$	— 0 —
Total for the reporting period	(2)	\$	— 0 —
3. Contributions Over \$250.00 (From Part C and Part D)			
Contributions Received from Political Committees (Part C)		\$	— 0 —
All Other Contributions (Part D)		\$	17,074.14 (loan forgiveness—)
Total for the reporting period	(3)	\$	17,074.14 (loan forgiveness—)
4. Other Receipts—Refunds, Interest Earned, Returned Checks, ETC. (From Part E)			
Total for the reporting period	(4)	\$	— 0 —
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$	17,074.14 (loan forgiveness—)

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																					
										Amount											
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	
Full Name of Contributing Committee										Date [MM/DD/YYYY]										\$	
House #		Street Address								Date [MM/DD/YYYY]										\$	
City		State						Zip Code		Date [MM/DD/YYYY]										\$	

PART B All Other Contributions

§ 50.01 TO § 250

Use this Part to itemize all other contributions with an aggregate value from
§ 50.01 TO § 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number:	
------------------------------	--

Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		
Full Name of Contributing Committee				Date [MM/DD/YYYY]	\$	
House #		Street Address		Date [MM/DD/YYYY]	\$	
City		State		Zip Code		

PART D
All Other Contributions

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number:	
------------------------------	--

Full Name of Contributor				Timothy + Lisa Ferrick		Date [MM/DD/YYYY]	12/31/2017	\$	17,074.14
House #	3030	Street Address		Clark Road		Date [MM/DD/YYYY]		\$	(loan forgiveness - no actual money)
City	Erie	State	PA	Zip Code	16510	Date [MM/DD/YYYY]		\$	
Employer Name				Millcreek Twp / None		Occupation	Police officer / attorney		
Employer Mailing Address / Principal Place of Business				3608 West 26th Street, Erie PA 16506 / none					
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									
Full Name of Contributor						Date [MM/DD/YYYY]		\$	
House #		Street Address				Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]		\$	
Employer Name						Occupation			
Employer Mailing Address / Principal Place of Business									

PART E
Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Number:	
------------------------------	--

Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								
Full Name								
House #		Street Address						
City			State		Zip Code		Date [MM/DD/YYYY]	\$
Receipt Description								

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE

Filer Identification Number: **1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.00 OR LESS PER CONTRIBUTOR**

TOTAL for the reporting period	(1)	\$	- 0 -
--------------------------------	-----	----	-------

2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250.00 (FROM PART F)

TOTAL for the reporting period	(2)	\$	- 0 -
--------------------------------	-----	----	-------

3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM PART G)

TOTAL for the reporting period	(3)	\$	- 0 -
--------------------------------	-----	----	-------

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$	- 0 -
---	--	----	-------

**SCHEDULE II
PART F**

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City		State		Zip Code	Date [MM/DD/YYYY]	\$	
Description of Contribution							

SCHEDULE II

Part G

In-Kind Contributions Received

VALUE OVER \$ 250

Filer Identification Number:	
------------------------------	--

Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		
Full Name of Contributor					Date [MM/DD/YYYY]	\$	
House #	Street Address				Date [MM/DD/YYYY]	\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$
Employer Name					Occupation		
Employer Mailing Address / Principal Place of Business					Description of Contribution		

SCHEDULE III
Statement of Expenditures

Filer Identification Number:					
------------------------------	--	--	--	--	--

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

To Whom Paid		Date [MM/DD/YYYY]		\$	
House #	Street Address	Description of Expenditure			
City	State	Zip Code			

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number									
Name of Creditor		Lisa R. ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	02/01/2017				2,500.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	04/05/2017				3,000.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	04/13/2017				2,000.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							
Name of Creditor		Timothy + Lisa Ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	05/03/2017				2,000.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							
Name of Creditor		Timothy + Lisa Ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	05/10/2017				1,950.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							
Name of Creditor		Lisa R. Ferrick						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$			
3030	Clark Road	05/24/2017				3,000.00			
City	Erie	State	PA	Zip Code	16510				
Description of Debt		Loan to committee for campaign purposes							

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Number:									
------------------------------	--	--	--	--	--	--	--	--	--

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
3030	Clark Road	10/03/2017					2,000.00		
City	State	Zip Code							
Erie	PA	16510							
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
3030	Clark Road	11/03/2017					300.00		
City	State	Zip Code							
Erie	PA	16510							
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
3030	Clark Road	11/27/2017					324.14		
City	State	Zip Code							
Erie	PA	16510							
Description of Debt									
Loan to committee for campaign purposes									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City	State	Zip Code							
Description of Debt									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City	State	Zip Code							
Description of Debt									

Name of Creditor							Outstanding Balance of Debt		
House #	Street Address	DATE DEBT INCURRED [MM/DD/YYYY]				\$			
City	State	Zip Code							
Description of Debt									

Commonwealth of Pennsylvania

CAMPAIGN FINANCE ANNUAL REPORT

December 31, 2017

TO: FRIENDS OF LISA FERRICK

FROM: LISA R. FERRICK and TIMOTHY FERRICK

REGARDING: OUTSTANDING LOAN BALANCE TO THE COMMITTEE

Please accept this notification as forgiveness of the loan(s) we individually and/or collectively made to Friends of Lisa Ferrick during the year of 2017. The outstanding balance of the loan(s) is \$17,074.14, as outlined on Schedule IV Statement of Unpaid Debts of the Committee's Annual Campaign Finance Report. It is our stated intent to forgive Friends of Lisa Ferrick each of the individual loans to the committee that are outlined on Schedule IV Statement of Unpaid Debts of the committee's annual report.

This is being done in order for the treasurer of Friends of Lisa Ferrick to file the annual Campaign Finance Report and terminate the committee.

Respectfully Submitted,

Lisa R. Ferrick and Timothy Ferrick

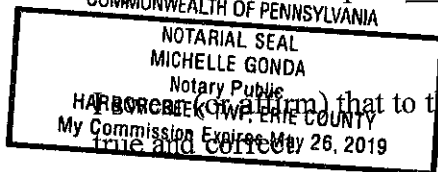
AFFIDAVIT SECTION

I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

Sworn to and subscribed before me this

30 day of January 2018 } Lisa R. Ferrick
 Signature of Person Submitting Letter
Michelle Gonda } Lisa R. Ferrick
 Signature Printed Name

My Commission expires 5 24 19 } 814 873-8051
 COMMONWEALTH OF PENNSYLVANIA MO. DAY YR. } Area Code Daytime Telephone Number



I swear (or affirm) that to the best of my knowledge and belief the information contained in this letter is true and correct.

Sworn to and subscribed before me this

30 day of January 2018 } Timothy P. Ferrick
 Signature of Person Submitting Letter
Michelle Gonda } Timothy P. Ferrick
 Signature Printed Name

My Commission expires 5 24 19 } 814 835-2421
 COMMONWEALTH OF PENNSYLVANIA MO. DAY YR. } Area Code Daytime Telephone Number

